

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

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OCT 20 2009

Winston Alleyne

ORS  
T, T, W, W, W

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2009- 277 T  
NUMBER: 1997 - 35 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Leary Poston

Telephone: 843-407-4090

Address: 1245 Celebration Blvd

Fax: 843-664-0831

Florida, SC 29501

Other: \_\_\_\_\_

Email: Leary@comcast.net -175.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input checked="" type="checkbox"/> Application - Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input checked="" type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

Winston Alleyne

CLASS C REINSTATEMENT FORM

<p><b>File the original with:</b></p> <p>Public Service Commission of South Carolina  Docketing Department  Motor Carrier Matters  P.O. Box 11649  Columbia, S.C. 29211  (803) 896 - 5100  FAX (803) 896-5199</p>	<p><b>Mail or fax a copy to:</b></p> <p>S.C. Office of Regulatory Staff  Transportation Department  1401 Main Street, Suite 900  Columbia, S.C. 29201  (803) 737-0578  FAX (803) 737-0815</p>
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DATE: 10-19-09

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number Class C #6463
- ☐ Charter Certificate Number \_\_\_\_\_
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_

My certificate was revoked/cancelled on 9-30-09 because 2008 Annual Report  
(DATE)

was turned in late

I am seeking reinstatement because I would like to continue running a taxi business.

Winstar Alliance DBA \_\_\_\_\_  
(Name of Company) (if applicable)

711 N Willstar Rd  
(Street Address) (Mailing Address if different from Street Address)

Florence, SC 29506 Winstar Alliance  
(City, State, Zip Code) (Signature)

\_\_\_\_\_  
(Telephone Number) owner  
(Title)

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ORS Revised 9-12-08